

CONT.

INDEX OF CLAIMS

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-376)							SERIAL NO. 101043281		FILING DATE 11/14/02			
							CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.		
151												
152												
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200												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												

CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101							51		4				
2							52		4				
3							53		4				
4							54	1					
5		3					55						
6		3					56						
7		3					57						
8		3					58						
9		3					59						
10		3					60						
11		3					61						
12		3					62						
13	1						63						
14							64						
15							65						
16							66						
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29							79						
30							80		3				
31							81		3				
32							82		3				
33							83		3				
34							84		3				
35							85		3				
36							86		3				
37							87		3				
38							88		3				
39							89		3				
40		4					90		3				
41		4					91		3				
42		4					92		3				
43		4					93		3				
44		4					94		1				
45		4					95		1				
46		4					96		1				
47		4					97		1				
48		4					98		1				
49		4					99		1				
50		4					100		1				
TOTAL IND.							TOTAL IND.	9					
TOTAL DEP.							TOTAL DEP.	410					
TOTAL CLAIMS							TOTAL CLAIMS	419					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS